2 ½ Years

WELL CHILD VISIT

Revised March 2012

Name	BIRTH DATE	AGE ❑M ❑F	ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE

ID NUMBER	CURRENT MEDICATIONS	DRUG ALLERGIES
	See other side for current medication list	

WEIGHT (%)	HEIGHT (%)	BMI (%)	BMI RANGE: ❑<5% (under) ❑5-84% (healthy) ❑85-94% (over) ❑95-98% (obese) ❑≥99% (obese)	HEAD CIRC (%)	TEMPERATURE	DATE/TIME

See growth chart.

BF = Bright Futures Priority Item

History

BF ❑ Previsit Questionnaire reviewed
BF ❑ Child has a dental home
❑ Child has special health care needs

BF Concerns/questions raised by _____
❑ None ❑ Addressed (see other side)

BF Follow-up on previous concerns ❑ None ❑ Addressed (see other side)

BF ❑ Medication Record reviewed and updated

Social/Family History

BF **Family situation** ❑ Single Parent

BF Parents working outside home: ❑ Mother ❑ Father

BF Child care: ❑ Yes ❑ No Type _____

BF Changes since last visit _____

BF ❑ Tobacco Exposure

Review of Systems

BRIGHT FUTURES

☑ = NL

Date of last visit _____
Changes since last visit _____

Nutrition _____
❑ Nutrition, balanced, eats with family
Source of water _____ Vitamins/Fluoride _____

Elimination: ❑ NL _____
Toilet Training: ❑ Yes ❑ In process _____
Sleep: ❑ NL _____
Behavior/Temperament: ❑ NL _____
Physical activity Playtime (60 min/day) ❑ Yes ❑ No
Screen time (<2 hrs/day) ❑ Yes ❑ No

Development (if not reviewed in Previsit Questionnaire)

❑ **Structured developmental screen ❑ NL**

Developmental Screening Tool

ASQ score _____ ❑ pass ❑ refer
PEDS score _____ ❑ pass ❑ refer

❑ PHYSICAL DEVELOPMENT
*Jumps up and down in place
*Puts on clothes with help
*Washes and dried hands without help
Brushes teeth with help

❑ COGNITIVE
*Points to 6 body parts
*Knows correct animal sounds (eg, cat meows, dog barks)

❑ COMMUNICATIVE
*Other people can understand what your child is saying half of the time
*When talking, puts 3 or 4 words together

❑ SOCIAL-EMOTIONAL
*Plays pretend
*Plays with other children (eg, tag)

(see other side for plan, immunizations and follow-up)

Physical Examination

☑ = Reviewed w/Findings **OR** ☑ NL = Reviewed/Normal

❑ GENERAL APPEARANCE _____ ❑NL
❑ SKIN _____ ❑NL
❑ HEAD _____ ❑NL
BF ❑ **EYES (red reflex, cover/uncover test)** _____ ❑NL
❑ EARS _____ ❑NL
❑ NOSE _____ ❑NL
❑ MOUTH AND THROAT _____ ❑NL
❑ TEETH (caries, dental injuries) _____ ❑NL
❑ NECK _____ ❑NL
❑ LUNGS _____ ❑NL
❑ HEART _____ ❑NL
❑ ABDOMEN _____ ❑NL
❑ GENITALIA _____ ❑NL
❑ Male/Testes down _____ ❑NL
❑ Female _____ ❑NL
BF ❑ **NEUROLOGIC (coordination, language, socialization)** _____ ❑NL
❑ EXTREMITIES/HIPS _____ ❑NL
❑ MUSCULOSKELETAL _____ ❑NL
❑ HYGIENE _____ ❑NL
❑ BACK _____ ❑NL

BF Comments _____

Assessment

BF ❑ Well Child

Anticipatory Guidance

☑ = Discussed and/or handout given

❑ Identified at least one child and parent strength
❑ Raising Readers book given
❑ Keep home/car smoke free

BRIGHT FUTURES

❑ FAMILY ROUTINES
- Family meals
- Family activities

❑ LANGUAGE PROMOTION AND COMMUNICATION
- Limit TV
- Daily reading
- Listen and repeat to child

❑ SOCIAL DEVELOPMENT
- Supervised play with other children
- Setting limits
- Emerging independence

❑ PRESCHOOL CONSIDERATIONS
- Group activities/ preschool (if possible)
- Toilet training

❑ SAFETY
- Car safety seat
- Water
- Appropriate supervision
- Sun exposure
- Fire safety
- Smoke detectors
- Outdoor safety
- Playground
- Dogs

2 ½ Years

WELL CHILD VISIT

NAME	Male Female	Medical Record Number	DOB Actual age (months): O 29 O 30 O 31 O 32

Current Medications _____

_____

_____

Plan

BF Patient is up to date, based on CDC/ACIP immunization schedule. ❑Yes ❑No

If no, immunizations given today. ❑Yes ❑No

ImmPact2 record reflects current immunization status: ❑Yes ❑No

_____

❑ Immunization plan/comments _____

_____

BF Laboratory/Screening results _____

_____

Hearing screen _____

❑Previously done Date completed _____

PPD / Lead* / Anemia**

❑ PPD done (if exposure risk) / date done _____ / _____ / _____

PPD result if done ❑ Neg ❑ Pos

PPD plan/comments _____

❑ Lead drawn in office

❑ Lead test ordered / date done _____ / _____ / _____

Lead results _____

Lead range ❑ <10 ❑ 10-14 ❑ 15-19 ❑ >19

Lead plan/comments _____

❑ Hgb/Hct ordered / date done _____ / _____ / _____

Hgb/Hct result: Hgb _____ Hct _____ ❑ Referral at 6 months if still anemic

Hgb/Hct plan/comments _____

❑ Hgb/Hct results shared with WIC

**All children enrolled in MaineCare should be lead tested at 1 year old and at 2 years old. All other children should be tested at these ages, unless lead risk assessment indicates they are not at risk for lead exposure.*

***WIC recommends anemia testing at 9-12 months with re-test in 6 months (15 to 18 months). If normal, re-test annually to age 5. If abnormal, re-test every 6 months; convert to annual testing once normal result is obtained. WIC may perform anemia testing.*

Oral Health

Oral health risk assessment	❑Completed	❑Low ❑Mod ❑High
Has a dental home		❑Yes ❑No
Dental fluoride varnish applied		❑Yes ❑No
Dental Visit in Past Year		❑Yes ❑No
Well water testing		❑Yes ❑No

MaineCare Member Support Requested

❑ Transportation to appointments

❑ Find dentist

❑ Find other provider

❑ Make doctor's appointment

❑ **Public Health Nurse referral**

❑ Family aware

_____

_____

_____

_____

_____

_____

BF Referral to _____

_____

BF Follow-up/Next Visit _____

_____

Narrative Notes:

_____

_____

_____

_____

_____

_____

_____

_____

_____

EXAMINER'S SIGNATURE	DATE

Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives
Paul R. LePage, Governor Mary C. Mayhew, Commissioner